MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031545 STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 4021 Registrar's No. 51

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED AUG 26 1963

1. PLACE OF DEATH
a. COUNTY: CAMDEN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CAMDENTON
Length of stay in 1b: 11 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 441 WILKERSON
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: CAMDEN
c. CITY OR TOWN: CAMDENTON
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 441 WILKERSON
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First FRANK Middle Lee Last CRONHARDT

4. DATE OF DEATH: Month AUGUST Day 18, Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/12/96

9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): KNOB NOSTER, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: CHARLEY CRONHARDT

13b. MOTHER'S MAIDEN NAME: MARY REICHLIE

14. NAME OF HUSBAND OR WIFE: PAULINE CRONHARDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT: PAULINE CRONHARDT Address: 441 WILKERSON CAMDENTON, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Arterio Sclerotic Heart Disease with Acute Coronary Infarct	1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Osteo Arthritis Chr Multiple, Hypertrophy of Prostate

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 29, 1961 to Aug 18, 63 and last saw her him alive on Aug 17 63
Death occurred at 1:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thos A Wayland M D
Thos. A. Wayland MD

22b. ADDRESS: Camdenton, Missouri

22c. DATE SIGNED: Aug 19-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 8/21/63

23c. NAME OF CEMETERY OR CREMATORY: KNOB NOSTER CEMETERY

23d. LOCATION (City, town, or county) (State): KNOB NOSTER, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: WALTER HEDGES CAMDENTON, MO.

25. DATE RECD. BY LOCAL REG.: Aug. 19-1963

26. REGISTRAR'S SIGNATURE: Zilpha D. Drew

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0150		
2	0150		
3	2		
4	0		
5	1		
6			
7	0		
8	2		
9	4201		
10			
11			
12	90-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Walter Hedges

Signature of Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Camdenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.